

THE UNIVERSITY OF NEBRASKA-LINCOLN
FINAL REPORT FOR THE EDUCATIONAL SPECIALIST DEGREE

TO THE REGISTRAR:

Name _____

Current Address _____

Major _____ Expected Graduation Date _____

Written Comprehensive Examinations: A written comprehensive examination is required to cover the student's approved program of study. (All Comprehensive Examinations, either passed or failed, must be reported to the Graduate Office at least TEN days before the graduation date.)

Date Passed _____ Date Failed _____

APPROVAL FOR GRADUATION:

*Signatures of the
Supervisory Committee*

Chairperson

Member

Member

*Signature of Graduate Committee
Chairperson*

The Candidate is therefore to be reported to the Faculty of the Graduate College as having fulfilled all requirements for the above-mentioned degree.

Signature, Dean for Graduate Studies